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REVIEW ARTICLE

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WHO campaign to fight depression: an urgent public health agenda

Abstract

Depression is a mental disorder which has considerable public health significance, in terms of its prevalence, suffering, dysfunction and disability, morbidity, mortality (as a result of suicide), and economic burden. This review is a focus on the impact of depression and the World Health Organization's (WHO) call for campaign against depression in India.

Keywords: Mental Disorders. World Health Organization. India.

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INTRODUCTION

Depression is one of the leading causes of disability (disturbances experienced at the individual level in functional performance and activity as a result of abnormality of body structure, appearance, organ or system function) worldwide, and is a major contributor to the overall global burden of disease. The World Health Organization (WHO) defines "Depression is an illness characterised by persistent sadness and a loss of interest in activities that one normally enjoys, accompanied by an inability to carry out daily activities, for at least two weeks. In addition, people with depression normally have several of the following symptoms: loss of energy; change in appetite; sleeping more or less than usual; anxiety; reduced concentration; indecisiveness; restlessness; feelings of worthlessness, guilt, or hopelessness; and thoughts of self-harm or suicide".[1]

WHY 'FIGHT DEPRESSION' IS A PUBLIC HEALTH AGENDA?

Depression is associated with several non-communicable diseases, drug and alcohol disorders, and nutritional disorders as also with chronic communicable diseases like TB, HIV, and AIDS. Depression and suicide are closely linked. Early detection and treatment of depression can reduce suicidal deaths. Depression has an enormous impact on the economy, both at personal and national level. Depression, like other mental illness is highly stigmatised both at the micro (family) and macro (community) level. Depression is largely preventable and treatable. There are effective pharmacological and non-pharmacological interventions available for managing depression. Unfortunately people with depression do not receive adequate care. India has about 64.5 million (6.5 crore) people with diabetes. The numbers indicate that depression is nearly as common a health issue as diabetes in the country.

DEPRESSION: FACTSHEET

Global prevalence of depression in 2015

Globally, 322,000,000 people are living with depression which accounts to nearly five per cent of the world's population. Approximately half of these people are from the South-East Asian and Western Pacific region. Depression is more common among women (5.1%) than men (3.6%).[2] There has been an 18.4% increase in depression from 2005 to 2015.[3]

Depression: Indian factsheet

In 2015, 56,675,969 (4.5%) Indians were suffering from depressive disorders. The total cases of anxiety disorders were 38,425,093 (three per cent).[2] Depression can affect people from all backgrounds across the lifespan from womb to the tomb. The overall prevalence of childhood depression is 0.3% to 1.2%.[4] Prevalence of depression in adults ranges from 1.8% (severe) to 39.6% (mild to moderately severe).[5]

Community-based studies indicated that the prevalence of depression in the elderly ranged from 3.9% to 47.0% with higher rates among women and urban residents.[6] The reported prevalence of postpartum depression ranges between 15.3% and 23.0% with an incidence of 11.0%. Around 14% of mothers continue to have depressive symptoms till up to six months after delivery.[7] Of the approximate 800,000 people who commit suicide globally each year, 17.5% are Indians.[8]

DEVASTATING IMPACT OF DEPRESSION

The effects of depression can be devastating in all areas of a person's life, viz., at work, at school, and at home as well as in personal relationships. Diagnosis and treatment minimises the effects of depression.

Disability

In India, nearly two thirds of individuals with depressive disorder reported disability across work life (67.3%), social life (68.6%), and family life (70.2%). Over 50% of depressive individuals in India have reported that their condition interfered with their daily activities.[9]

Social impact

The social effects of depression impacts the person's pattern and capability of functioning as well as their relationship with others. Seventy seven per cent of relatives experience some burden with respect to financial issues, disruption of family routine, family leisure, and family interactions.[10] Social effects of depression also include substance use and abuse, social withdrawal, and decreased performance at work or school.

Economic impact

Depression is associated with significant impairment ranging from reduced work functioning, absenteeism, impaired productivity, decreased job retention, and early retirement across a wide variety of occupations. These result in economic poverty, loss of social networks, and status in the community.

Some data from high income nations

People lose 5.6 hours of productive work every week when they are depressed.[11] Eighty per cent of depressed people are unable to carry out their daily tasks.[12] Fifty per cent of the loss productivity is due to absenteeism and short-term disability due to depression.[13] In any 30-day period, depressed workers have 1.5 to 3.2 more short-term disability days as compared to those who are not suffering from depression.[14] People with symptoms of depression are 2.17 times more likely to take sick days.[15] Depressed people are seven times more likely to be unemployed.[16] People who suffer from depression end up with an average loss of $10,400 per year in income by age 50.[17]

GLOBAL HEALTH LOSS DUE TO DEPRESSION

WHO states that depression is the leading cause of disability as measured by Years Lived with Disability (YLD). It is one of the leading contributors of the global burden of disease. Depressive disorders accounted for over 50,000,000 YLD in 2015.[3]

"Globally, depressive disorders are ranked as the single largest contributor to non-fatal health loss (7.5% of all YLD)". For depressive disorders, the total YLD in India was 10,050,411 which was 7.1% of total YLD in 2015.[3]

It is estimated that depression and anxiety is costing the world nearly $1,000,000,000,000 a year in lost productivity and causing a devastating proportion of human misery. WHO analysis showed that without scaled-up treatment, a staggering 12,000,000,000 working days – or 5,000,000 years of work – will be lost to depression and anxiety disorders each year between now and 2030.[18] It puts the annual loss to the global economy at $925,000,000,000 (£651,000,000,000). It is also projected that the intervention cost (psychosocial counselling and antidepressant medication) over the next 15 years is only $147,000,000,000. This investment would not only lead to a five per cent improvement in labour force participation worth $399,000,000,000, but also add a further $310,000,000,000 in improved health returns.[19,20]

TREATMENT GAP IN DEPRESSION

The treatment gap is the number of people with an illness, disease, or disorder who need treatment but do not receive it (expressed as a percentage). It can be used as an outcome measure in healthcare. It is a useful indicator for accessibility, utilisation, and quality of care. A treatment gap of more than 90% has been documented for depression in low and middle income countries.[21] In India, treatment gap of 87.2-95.7 was reported for depression in community-based studies. About 13.7% of India's general population has various mental disorders, ten per cent has common mental disorders, and 1.9% suffers from serious mental disorders. 10.6% of them require immediate intervention.[9]

WHO DEPRESSION CAMPAIGN

Depression is one of the main issues addressed by WHO's Mental Health Gap Action Programme (mhGAP). The Programme aims to increase the services for people with mental, neurological, and substance use disorders, through care provided by health workers who are not mental health specialists.

The theme of WHO 2017 World Health Day campaign is depression. It is well established that depression can be prevented and treated. Through this worldwide campaign, a social awareness and motivation will be created at all sectors of the society so that stigma will be reduced, treatment gap will be minimised, and by following the path of intervention, it would save the personal tragedy and national economic impact of depression.

What is the campaign?

The overall goal of this one-year campaign is to promote free atmosphere so that that more people with depression, in all countries, seek and get help. This open and frank discussion at all layers of the society will help to inform the general public about depression, its causes and possible consequences, including suicide. The main aim of the campaign is to break the barrier of stigma and facilitate people to identify depression and encourage them to seek help.

The stigma surrounding mental illness, including depression, remains a great obstacle to people seeking help throughout the world. Frank and open discussion on depression, be it in the family or community circle or in the public domain like news or social media, will facilitate help seeking by affected individuals and also break the stigma and thus reduce the burden of depression.

The slogan

The campaign slogan is "Depression: Let's talk" (Figure 1).[22]

Who are we the stakeholders?

This campaign is for everyone, irrespective of age, sex, culture, or social status. It is a broad-based approach with a special focus on vulnerable population, including demographic vulnerability (young people, women, elderly), geographical and financial vulnerability etc.

For this campaign to be effective, WHO has published factsheets on depression, posters and handouts on depression in different scenario.

Posters: Depression: Let's talk

WHO published different graphics suitable for different cultural scenario for its six WHO regions: Americas (five posters), Africa (five), Eastern Mediterranean (seven), Europe (five), South-East Asia (five), Western Pacific (seven), and also in Japanese (four). Posters are available in Arabic, Chinese, English, French, Russian, and Spanish. It is advised that these posters should be used in campaign activities. Each poster displays a conversation between two people about depression in different situations like at home, in a clinic, at school, in the community, and in workplace. All materials are available on the public domain and WHO advised that these are to be used in the campaign against depression.

Figure 1: Logo by the World Health Organization (WHO), India Country Office.

Handouts on depression

WHO has published seven handouts addressing the different clinical situations with suggestions how to deal with the specific task. All are on the public domain and WHO advised that these are to be used in the campaign against depression.

LET US ACT

This depression campaign is a public health priority in a country like India. Our Government's expenditure on mental health is about only 0.06% of the total health budget. We have only 0.301 psychiatrists per 100,000 people. There are only 3,000 psychiatrists when the estimated requirement is for 11,500. The number of clinical psychologists is just 500 when the estimated requirement is 17,250 and only 400 social workers when 23,000 is the minimum requirement.[23] Hence, this campaign opens up a great scope to invite non-mental health professionals in this propaganda so that a cadre of mental health professionals could be developed. This is a great opportunity which should be utilised meaningfully. Secondly, this broad-based campaign will help to reduce stigma and thus facilitate early detection, intervention, and support to those who are having mental illness, viz. depression. Thus, every attempt should be made at all levels and sectors to implement this WHO campaign, "Depression: Let's talk", immediately.

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